



PTO/SB/83 (03-02)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT**

Application Number	09/852589
Filing Date	5-10-01
First Named Inventor	Fey
Group Art Unit	2164
Examiner Name	
Attorney Docket Number	HSA-102XC1

RECEIVED
MAY 24 2002
Technology Center 2100To: Assistant Commissioner for Patents
Washington, DC 20231

I hereby apply to withdraw as attorney or agent for the above identified patent application.

The reasons for this request are:

Applicant has failed to pay the Attorneys of record for services rendered despite numerous requests resulting in an unreasonable financial burden on Attorneys. Applicant was notified by certified mail on January 4, 2002 of Attorneys' intent to withdraw. Additional letters regarding withdrawal were transmitted to Applicant on January 7, 2002, February 25, 2002, and March 26, 2002. Despite Applicant's repeated assurances after Attorneys' letters that a check was in the mail, no payment was ever made. Continuing representation will result in serious economic loss to Attorneys. There are no outstanding actions in this application. Accordingly, Applicant will have sufficient time to obtain other representation. M.P.E.P. 402.06.

1. ☐ The correspondence address is NOT affected by this withdrawal.2. ☒ Change the correspondence address and direct all future correspondence to:**CORRESPONDENCE ADDRESS**☐ Customer Number

OR

Place Customer Number
Bar Code Label here

<input checked="" type="checkbox"/> Firm or Individual Name	Leah Nelms				
Address	Health Screen America				
Address	7818 Phillips Highway, Suite 201				
City	Jacksonville	State	FL	ZIP	32256
Country	U.S.				
Telephone	904-346-4400	Fax	904-346-3600		

☒ This request is made on behalf of myself and
☐ all the attorneys/agents of record,
☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
☒ the attorneys/agents associated with Customer Number 23,557

This request is enclosed in triplicate (including any attachments).

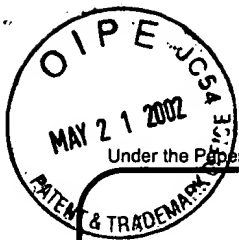
Name Christine Q. McLeod

Signature

Date 5-8-02

NOTE: Withdrawal is effective when approved rather than when received.
Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



2/64

PTO/SB/21 (08-00)
Approved for use through 10/31/2002. OMB 0651-0031
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Applicati n Number	09/852589	
	Filing Date	05/10/2001	
	First Named Inventor	Fey	
	Group Art Unit	2164	
	Examiner Name		
Total Number of Pages in This Submission	4	Attorney Docket Number	HSA-102XC1

RECEIVED
MAY 24 2002
Technology Center 2100

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	Request for Withdrawal as Attorney or Agent
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Christine Q. McLeod
Signature	
Date	05/08/2002

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: 05-08-2002			
Typed or printed name	Christine Q. McLeod		
Signature		Date	05/08/2002

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.